

Who Is Eligible

Individuals 18 years of age or older who are residents of Vermont and have no other dental coverage. You may also cover:

(a) the spouse to whom the Subscriber is legally married or a partner in a valid civil union; and/or

(b) a child of the Subscriber or of the spouse/civil union partner of the Subscriber, by natural birth or legal adoption or a child in the process of adoption or guardianship, a foster child legally placed by order of a court or agency having competent jurisdiction and/or a stepchild, provided such child is under the age of twenty-six (26).

Qualified children are eligible regardless of student status and coverage will terminate when a child reaches the age of twenty-six (26). Children incapable of self-support because of physical or mental disability are eligible regardless of age; supporting documentation from a health-care provider may be requested.

A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first thirty-one (31) days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child's second birthday.

It's Easy to Apply

- Complete the Contract Application for Individual Dental Benefits.
- Include all premiums due with the completed enrollment material.

Who Pays — How and When

The adult applicant signing the Contract Application for Individual Dental Benefits is responsible for payment.

Payment must be included with your contract application. After that, payment is made to Northeast Delta Dental monthly by check or via Electronic Funds Transfer.

Carryover Benefit Feature

Most people who visit their dentist routinely rarely need the maximum benefits provided by their dental plan. But someday they may need more, and that's why Northeast Delta Dental offers a carryover benefit feature in dental options 1 and 4 to provide additional benefits if they do. With this feature, you may accumulate \$250 in additional annual benefits for use in future coverage periods. Please refer to the carryover benefit feature flyer for details.

Vision Discount Program

A vision discount program through EyeMed Vision CareSM is free to all Northeast Delta Dental subscribers and their dependents. The program offers up to 35% savings at participating EyeMed providers.

Just show your Northeast Delta Dental identification card to access vision savings.

NOTE: This is a vision discount program and is **not** insurance.

We Guarantee Our Service

We offer the following three service guarantees to our Individual Dental Benefit customers:

- 1. Accurate, quick turnaround on contract package**
The Guarantee: Northeast Delta Dental guarantees that the Contract Package will be mailed within 15 calendar days following the later of the effective date or the date we have received all the required materials to complete your application.
The Refund: Our failure to meet the guarantee will result in a refund of \$50.
- 2. Exceptional customer service**
The Guarantee: Northeast Delta Dental will resolve telephone inquiries immediately or provide an initial update within one business day and notify you upon resolution.
The Refund: Our failure to meet the guarantee will result in a refund of \$50.
- 3. No inappropriate billing by participating dentists**
The Guarantee: Patients will not be charged for more than the appropriate co-payments at the time of service or for any difference between a participating dentist's submitted fee and Northeast Delta Dental's approved amount, as indicated on the Explanation of Benefits form.
The Refund: Our failure to meet the guarantee will result in a refund of \$50.

Many companies promise excellent service – Northeast Delta Dental guarantees it.



Delta Dental Premier Individual Dental Benefit Options

Vermont

Northeast Delta Dental

Delta Dental Plan of Vermont, Inc.

Valid July 2011 - June 2012



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Form No. IDB-VT-BRO
Rev. 060211

Northeast Delta Dental and the Dentist

You may see any dentist you wish, participating or nonparticipating. Northeast Delta Dental has a unique relationship with nearly three out of every four dentists throughout the United States. A participating dentist will not charge at the time of treatment for covered services, but may request payment for non-covered services, deductibles, or co-payments.

Delta Dental Premier Network Dentists

Patients will get the best value from their individual dental benefits when they receive dental care from a participating dentist. The benefits of seeing a participating dentist include:

- **No balance billing**—Patients cannot be billed the difference between a participating dentist's submitted charge and Delta Dental's approved amount.
- **Less paperwork**—Participating dentists complete and forward dental claim forms directly to Northeast Delta Dental.
- **Direct Payment**—Northeast Delta Dental pays the participating dentist directly, so the patient does not have to pay the covered amount up front and wait for a reimbursement check.

Nonparticipating Dentists

If you visit a nonparticipating dentist, you may be requested to bring a claim form that is available by calling Northeast Delta Dental or that may be downloaded from www.nedelta.com. Unless otherwise required by State law, payment for services rendered will be made directly to you and will be limited to the lesser of the dentist's actual submitted charge or the company's allowance for nonparticipating dentists. It will be your responsibility to make full payment to your dentist.



Northeast Delta Dental's Individual Dental Benefit Options are available to people who have no dental coverage. You and your family can enjoy the same advantages Northeast Delta Dental offers to employer groups, but through your own individual contract.

Individual Dental Benefit Options Chart - Vermont

Rates are guaranteed for one year from the initial effective date of coverage for individuals effective **July 2011 through June 2012**.

	OPTIONS 1 - 3			OPTIONS 4 - 6			OPTIONS 7 - 9		
Diagnostic and Preventive – Coverage A (No Waiting Period) Diagnostic: Evaluations two times in a 12-month period; Full mouth/panorex X-rays once in a 3-year period; Bitewing X-rays once each 12-month period; X-rays of individual teeth as necessary; Oral cancer screening once in a 12-month period Preventive: Cleanings four times in a 12-month period; Fluoride twice in a 12-month period to age 19; Space maintainers to age 16; Sealants for children to age 19 on permanent molars once in a 3-year period	Delta Dental Pays 100% No Deductible, No Waiting Period			Delta Dental Pays 100% No Deductible, No Waiting Period			Delta Dental Pays 100% No Deductible, No Waiting Period		
Basic – Coverage B (After a 6-Month Waiting Period¹) Restorative: Fillings–amalgam (silver) and composite (white–anterior teeth only) Oral Surgery: Extractions and other surgical procedures Endodontics: Root canal therapy Periodontics: Treatment of gum disease; Periodontal maintenance (cleaning) Clinical Crown Lengthening: Once per lifetime per site Denture Repair: Repair of removable dentures Emergency Palliative Treatment	Delta Dental Pays 80% After Deductible and 6-Month Waiting Period ¹			Delta Dental Pays 60% After Deductible and 6-Month Waiting Period ¹			Delta Dental Pays 60% After Deductible and 6-Month Waiting Period ¹		
Major – Coverage C (After a 12-Month Waiting Period¹) Prosthodontics: Removable and fixed partial dentures (bridge); complete denture; Rebase and reline (denture); Crowns; Onlays, Implants	Delta Dental Pays 50% After Deductible and 12-Month Waiting Period ¹			Delta Dental Pays 50% After Deductible and 12-Month Waiting Period ¹			not covered		
Lifetime Deductible per person/per family Applies to Basic (Coverage B) and Major (Coverage C) Services	\$100/\$300			\$75/\$225			\$50/\$150		
Orthodontics – Coverage D (After a 24-Month Waiting Period¹) Orthodontics: Correction of crooked teeth for adults and children	Delta Dental Pays 50% After 24-Month Waiting Period ¹ No Deductible			not covered			not covered		
Choose Your Option:	1²	2	3	4²	5	6	7	8	9
Diagnostic and Preventive (Coverage A), Basic (Coverage B), and Major (Coverage C) Calendar Year Maximum Per Person:	\$ 2,000	\$ 1,500	\$ 1,000	\$ 2,000	\$ 1,500	\$ 1,000	\$ 1,500	\$ 1,000	\$ 750
Orthodontics (Coverage D) Lifetime Maximum Per Person:	\$ 2,000	\$ 1,500	\$ 1,000	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Rates									
Subscriber Only	74.72	72.45	69.84	62.80	61.51	59.61	48.51	47.52	46.49
Subscriber/Spouse/Civil Union Partner or Subscriber/Child	131.10	124.37	118.45	104.71	102.48	99.35	81.18	78.79	76.66
Subscriber/Family or Subscriber/Children	230.26	214.26	201.66	168.63	165.18	160.92	146.11	143.93	142.27

This is a brief description of features and benefits. Coverage is subject to the terms, conditions, limitations, and exclusions of the Individual Contract Benefits and Information Booklet.

Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Northeast Delta Dental's allowance for non-participating dentists.

¹ **Waiting Periods** under this plan apply from the effective date of each covered individual for benefits having waiting periods, unless this new Northeast Delta Dental plan replaces a previous Northeast Delta Dental plan with no break in coverage. If this plan replaces another Northeast Delta Dental plan, credit will be given for any waiting period satisfied under the prior Northeast Delta Dental plan.

² **Carryover Benefit** - Options 1 and 4 include a carryover benefit feature that can extend your annual benefit.